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(Address)

(City/State/Zip/Phone #)

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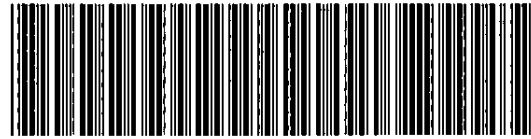
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SEP -9 2011

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SEP -8 PM 3:58  
STATE OF ARIZONA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Michael Louis Hair Design, LLC.**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Michael Louis Capraro**

Name of Person

**Michael Louis Hair Design, LLC.**

Firm/Company

**10637 NW 11th Street**

Address

**Pembroke Pines, Florida 33026**

City/State and Zip Code

**mlcapraro@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael Capraro**

Name of Person

at ( **954** ) **815-7666**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2011

MICHAEL LOUIS CAPRARO  
10637 NW 11TH STREET  
PEMBROKE PINES, FL 33026

SUBJECT: MICHAEL LOUIS HAIR DESIGN, LLC.  
Ref. Number: W11000042824

We have received your document for MICHAEL LOUIS HAIR DESIGN, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 011A00019240

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Michael Louis Hair Design, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

Michael Louis Capraro  
10637 NW 11th Street  
Pembroke Pines, Florida 33026

Michael Louis Capraro  
10637 NW 11th Street  
Pembroke Pines, Florida 33026

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Michael Louis Capraro  
Name

10637 NW 11th Street

Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines FL 33026

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Michael Louis Capraro  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 SEP - 8 PM 3:58  
STATE OF FLORIDA  
NOTARY PUBLIC

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

Michael L. Capraro  
10637 NW 11 St Pembroke Pines  
33026

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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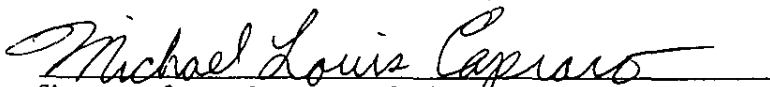
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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Michael Louis Capraro**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**